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Bib Data Sheet

CONFIRMATION NO. 9698

SERIAL NUMBER 10/045,485	FILING DATE 01/10/2002 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO.
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None DBC*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None DBC*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/11/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	NY	0	1	1
Verified and Acknowledged	<i>Jeffrey Borenstein DBC</i> Allowance Examiner's Signature Initials				

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## TITLE

Medication-partnership program

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